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| ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): ATTORNEY FOR (<i>Name</i>): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: CHILD'S NAME: | TELEPHONE NO.: | FOR COURT USE ONLY |
| NOTIFICATION OF MAILING ADDRESS Welfare and Institutions Code, § 316.1 | | CASE NUMBER: |

TO THE PARENT OR GUARDIAN OF THE ABOVE NAMED CHILD:

YOU ARE REQUIRED TO PROVIDE YOUR PERMANENT MAILING ADDRESS TO THE COURT.

The court, the clerk, and the social services agency will send all documents and notices to the mailing address provided, until and unless you notify the court or the social worker on your case of your new mailing address.

Notice of the new mailing address must be provided in writing.

This form is provided for notification of your mailing address or a change of mailing address.

MAILING ADDRESS

1. Name:

2. Relationship to child:

3. Mailing address (*number and street*):
 (*city, state, and zip*):

Date:

.....

(TYPE OR PRINT NAME)

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(SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

CHANGE OF MAILING ADDRESS

1. Name:

2. Relationship to child:

3. New mailing address (*number and street*):
 (*city, state, and zip*):

Date:

.....

(TYPE OR PRINT NAME)

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(SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)